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## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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SCO-PERSONNEL TUMAN RESOURCES

1. Office, Agency, or Court  Agency Name (Do not use acronyms)  State Controller's Office  Division, Board, Department, District, if applicable  Executive Office  Director of Legislative Affairs  ▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms)  Agency:  Position:  2. Jurisdiction of Office (Check at least one box)  ☐ State  ☐ Judge or Court Commissioner (Statewide Jurisdiction)  ☐ Multi-County  ☐ County of  ☐ Other  3. Type of Statement (Check at least one box)  ☐ Annual: The period covered is January 1, 2013, through  ☐ December 31, 2013.  ☐ Assuming Office: Date assumed//, through  ☐ Candidate: Election year and office sought, if different than Part 1:	NAME OF FILER	(LAST)	(FIRST)	2014 MAK (MPPLE) AM 9: 49	
Agency Name (Do not use acronyms) State Controller's Office Division, Board, Department, District, if applicable Executive Office Director of Legislative Affairs  If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  Agency: Position:  2. Jurisdiction of Office (Check at least one box)    State	Martinez	Julio		2017 MM 10 AM 3. 45	
State Controller's Office Division, Board, Department, District, if applicable Executive Office  If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  Agency: Position:  2. Jurisdiction of Office (Check at least one box)    State   Judge or Court Commissioner (Statewide Jurisdiction)     Multi-County   County of     Cliy of   Check at least one box     Annual: The period covered is January 1, 2013, through     December 31, 2013. (Check one)     The period covered is January 1, 2013, through     December 31, 2013. (Check one)     The period covered is January 1, 2013, through     December 31, 2013. (Check one)     The period covered is January 1, 2013, through     December 31, 2013. (Check one)     The period covered is January 1, 2013, through the date of leaving office.    Candidate: Election year   and office soughl, if different than Part 1:   Schedule Art - Investments - schedule attached     Schedule Brace - Read Property - schedule attached     Schedule Crimcome, Loans, & Business Positions - schedule attached     Schedule Brace - Read Property - schedule - Read Property - schedule - Read Read Property - schedule - Read Read Read Read Read Read Read Read	1. Office, Agency, or Court				
Division, Board, Department, District, if applicable	Agency Name (Do not use acronyms	3)			
Executive Office	State Controller's Office				
Name of Statement (Check at least one box)    State	Division, Board, Department, District, if applicable		Your Position		
Agency:	Executive Office		Director of Legislative Affairs		
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Judge or Court Commissioner (Statewide Jurisdiction)   Multi-County   County of   County of   Other	Agency:		Position:		
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the date of leaving office.    Candidate: Election year	The period covered is _	, throu	gh O The period covered	d is January 1, 2013, through the date of	
A. Schedule Summary  Check applicable schedules or "None."    Schedule A-1 - Investments - schedule attached   Schedule C - Income, Loans, & Business Positions - schedule attached   Schedule D - Income - Gifts - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule Schedule Schedule A- Income - Gifts - Travel Payments - schedule attached   Schedule Schedule Schedule Schedule A- Income - Gifts - Income - Gifts	Assuming Office: Date assumed				
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None - No reportable interests on any schedule    Verification	. ,	-or-	Outstand _ moonto Onto	mavor rayments – schedule attached	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  300 Capitol Mall, Suite 1850 Sacramento CA 95814  DAYTIME TELEPHONE NUMBER  ( 916 ) 327-1091  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California  Date Signed   03/14/2014  Signe	Military	P	nterests on any schedule		
(Business or Agency Address Recommended - Public Document)  300 Capitol Mall, Suite 1850  DAYTIME TELEPHONE NUMBER  ( 916 ) 327-1091  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California  Date Signed  O3/14/2014  Signe	5. Verification				
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